

**CONSOLIDATED ANNUAL PERFORMANCE & EVALUATION REPORT (CAPER)  
CHECKLIST AND TABLE OF CONTENTS**

(The following information is required for a complete CAPER. We encourage the use  
of this form as an index to ease preparation and review of the report.)

**GENERAL REQUIREMENTS**

- |   |         |
|---|---------|
| <input type="checkbox"/> Evidence of public notice for CAPER Review   | p _____ |
| <input type="checkbox"/> Assessment of progress toward five-year goals  | p _____ |
| <input type="checkbox"/> Assessment of progress toward one-year goals   | p _____ |
| <input type="checkbox"/> Impediments to fair housing and actions to overcome them                                   | p _____ |
| <input type="checkbox"/> Affordable housing actions for extremely low, low/moderate income<br>renters and owners    | p _____ |
| • Actions taken and accomplishments to meet worst case needs  | p _____ |
| • Actions and accomplishments to serve people with disabilities   | p _____ |
| • Number of Section 215 housing opportunities created   | p _____ |
| <input type="checkbox"/> Continuum of care progress to help homeless people   | p _____ |
| • Actions to meet supportive housing needs (include HIV/AIDS)   | p _____ |
| • Actions to plan and/or implement continuum of care  | p _____ |
| • Actions to prevent homelessness   | p _____ |
| • Actions to address emergency shelter needs  | p _____ |
| • Actions to develop transitional housing   | p _____ |
| <input type="checkbox"/> Actions and accomplishments to:  |         |
| • meet underserved needs  | p _____ |
| • foster and maintain affordable housing  | p _____ |
| • eliminate barriers to affordable housing  | p _____ |
| • fill gaps in local institutional structure  | p _____ |
| • facilitate PHA participation/role   | p _____ |
| • reduce lead-based paint hazards   | p _____ |
| • reduce poverty  | p _____ |
| • ensure compliance with program and planning requirements (include<br>monitoring of CHDOs/subrecipient compliance) | p _____ |
| <input type="checkbox"/> Leveraging of public and private funds   | p _____ |

- ☐ *Summary of citizen comments* *p* \_\_\_\_\_
- ☐ *Analysis of successes and failures and actions taken to improve programs* *p* \_\_\_\_\_

**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)**

- ☐ *Relationship of expenditures to priority needs* *p* \_\_\_\_\_
- ☐ *Low/moderate income benefit* *p* \_\_\_\_\_
- ☐ *Amendments and other changes to programs* *p* \_\_\_\_\_
- Completion of planned actions to:*
- pursue all resources identified in plan* *p* \_\_\_\_\_
  - certify consistency for local applicants for HUD funds* *p* \_\_\_\_\_
  - support Consolidated Plan goals* *p* \_\_\_\_\_
- ☐ *National objective failures, if any* *p* \_\_\_\_\_
- ☐ *Actions taken to avoid displacement* *p* \_\_\_\_\_
- ☐ *Compliance with URA* *p* \_\_\_\_\_
- ☐ *If jobs were filled with over income people*
- What was done to give low/moderate income first priority?* *p* \_\_\_\_\_
  - List job titles created/retained and those made available to low/mods.* *p* \_\_\_\_\_
  - Describe training for low/moderate income persons.* *p* \_\_\_\_\_
- ☐ *For limited clientele activities, if any:*
- the nature of the group that allows assumption of more than 51% low/mod* *p* \_\_\_\_\_
- ☐ *Rehabilitation accomplishments and costs* *p* \_\_\_\_\_
- units completed for each type of program* *p* \_\_\_\_\_
  - CDBG expenditures for rehabilitation* *p* \_\_\_\_\_
  - other funds invested* *p* \_\_\_\_\_
  - delivery costs* *p* \_\_\_\_\_
- ☐ *Neighborhood Revitalization Strategy area, if any:*
- progress against established benchmarks* *p* \_\_\_\_\_

- ☐ CDBG Financial Summary Attachments:
- Reconciliation of cash balances p \_\_\_\_\_
  - Program income, adjustments and receivables p \_\_\_\_\_

**HOME**

- ☐ Distribution of HOME funds among identified needs p \_\_\_\_\_
- ☐ HOME Match Report (HUD 4107A) p \_\_\_\_\_
- ☐ Contracting opportunities for M/WBEs p \_\_\_\_\_
- ☐ Summary of results of onsite inspections of HOME rental units p \_\_\_\_\_
- ☐ Assessment of effectiveness of affirmative marketing plans p \_\_\_\_\_
- ☐ Information about the use of program income p \_\_\_\_\_

**EMERGENCY SHELTER GRANTS (ESG)**

- ☐ Description of how activities relate to ConPlan and continuum of care p \_\_\_\_\_
- ☐ Leveraging resources p \_\_\_\_\_
- ☐ Self-evaluation p \_\_\_\_\_

**HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)**

- ☐ Description of activities and successes and failures p \_\_\_\_\_
- ☐ Improvements needed to overcome failures p \_\_\_\_\_
- ☐ Description of local compliance and monitoring procedures p \_\_\_\_\_
- ☐ Describe leveraging and coordination with other local groups p \_\_\_\_\_

**IDIS REPORTS**

- ☐ A complete CAPER requires that all data for the program year be entered into IDIS. It is Departmental policy that IDIS data be updated at least quarterly. Grantees are not required to submit IDIS reports to HUD but must make information about accomplishments, progress and finances available to the public as part of the citizen participation process.